



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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BUREAU OF FACILITY STANDARDS
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December 12, 2006

Alice Dorn, Administrator
Living Springs, Inc
1605 Catherine St
Post Falls, ID 83854

Dear Ms. Thibault:

On November 30, 2006, a life safety code survey was conducted at Living Springs, Inc. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Grimes', with a long horizontal flourish extending to the right.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R769	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2006
NAME OF PROVIDER OR SUPPLIER LIVING SPRINGS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1605 CATHERINE ST POST FALLS, ID 83854		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on November 30, 2006.</p> <p>The surveyor conducting the survey was:</p> <p>Chris Laumann Health Facility Surveyor Facility Fire safety & Construction</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

HDA921

If continuation sheet 1 of 1